LA CROSSE NURSING HOME 700 WEST AVENUE SOUTH

LA CROSSE 54601 Phone: (608) 785-0940 Ownership: Nonprofit Church/Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Yes Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/03): 16 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/03): 17 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/03: 10 Average Daily Census: 11

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/03)	%					
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis					0.0		
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65		•	0.0		
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	30.0				
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	10.0		0.0		
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	40.0	**********			
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.0	Full-Time Equivalent			
Congregate Meals	No	Cancer	10.0			Nursing Staff per 100 Resident			
Home Delivered Meals	No	Fractures	30.0			(12/31/03)			
Other Meals	No	Cardiovascular	10.0	65 & Over	90.0				
Transportation	No	Cerebrovascular	0.0			RNs	35.6		
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	28.8		
Other Services	No	Respiratory	30.0			Nursing Assistants,			
Provide Day Programming for		Other Medical Conditions	20.0	Male	30.0	Aides, & Orderlies	58.5		
Mentally Ill	No			Female	70.0	I			
Provide Day Programming for			100.0						
Developmentally Disabled	No				100.0				
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Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care			Managed Care							
Level of Care	No.	olo Olo	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	્ઠ	Per Diem (\$)	No.	્ઠ	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	ે ે	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	215	1	50.0	215	0	0.0	0	1	50.0	215	1	100.0	215	0	0.0	0	8	80.0
Intermediate				1	50.0	176	0	0.0	0	1	50.0	176	0	0.0	0	0	0.0	0	2	20.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		2	100.0		0	0.0		2	100.0		1	100.0		0	0.0		10	100.0

County: La Crosse Facility ID: 8360 Page 2 LA CROSSE NURSING HOME

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		 Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	7.2	Bathing	10.0		90.0	0.0	10
Other Nursing Homes	0.0	Dressing	10.0		90.0	0.0	10
Acute Care Hospitals	91.9	Transferring	10.0		90.0	0.0	10
Psych. HospMR/DD Facilities	0.0	Toilet Use	10.0		90.0	0.0	10
Rehabilitation Hospitals	0.3	Eating	100.0		0.0	0.0	10
Other Locations	0.6	********	******	*****	*****	******	*****
Total Number of Admissions	320	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	0.0	Receiving Resp	iratory Care	0.0
Private Home/No Home Health	50.2	Occ/Freq. Incontiner	nt of Bladder	10.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	22.7	Occ/Freq. Incontiner	nt of Bowel	0.0	Receiving Suct	ioning	0.0
Other Nursing Homes	6.2				Receiving Osto	my Care	0.0
Acute Care Hospitals	11.5	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.3	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	20.0
Rehabilitation Hospitals	0.0						
Other Locations	1.9	Skin Care			Other Resident C	haracteristics	
Deaths	7.2	With Pressure Sores		40.0	Have Advance D	irectives	70.0
otal Number of Discharges		With Rashes		20.0	Medications		
(Including Deaths)	321	I			Receiving Psyc	hoactive Drugs	0.0

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities *******************************

This Other Hospital- All Occupancy Rate: Average Daily Census/Licensed Beds Current Residents from In-County

Admissions from In-County, Still Residing Admissions/Average Daily Census Discharges/Average Daily Census Discharges To Private Residence/Average Daily Census 2127.3 Residents Receiving Skilled Care Residents Aged 65 and Older Title 19 (Medicaid) Funded Residents Private Pay Funded Residents Developmentally Disabled Residents 0.0 1.2 0.00 6.5 0.00 32.9 0.00 0.87 0.0 33.6 0.00 Mentally Ill Residents 22.9 20.6 0.97 General Medical Service Residents 20.0 Impaired ADL (Mean) * 40.0 48.6 0.82 49.4 0.81 Psychological Problems 0.0 55.4 0.00 57.4 0.00 10.0 7.0 1.43 7.3 1.36 Nursing Care Required (Mean) *